



Department of Public Health and Human Services

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Steve Bullock, Governor

Richard H. Opper, Director

Date

Name

Address

City, State Zip Code

Dear Participant:

This letter is to inform you that your participation in the Money Follows the Person Grant is scheduled to end on _____. As long as you are eligible, you will continue to receive services through _____ Program/Agency.

Someone from the Money Follows the Person program will contact you in approximately one year to complete a final Quality of Life Survey. These surveys are confidential.

We thank you for your participation and wish you every success!

If you have any questions about the Money Follows the Person program or this letter, please contact the State Transition Coordinator at 406-444-0993 or email MoneyFollowsThePerson@mt.gov.

Sincerely,

Hazel Noonan
DPHHS
MFP Transition Coordinator
hnoonan@mt.gov